

September 9, 2009

Robert J. Harris
Spencer Ault
15 Loudoun Street SE
Leesburg, VA 20175

Re: Janelle Hill and Savannah Hill

Dear Mr. Harris and Mr. Ault:

In formulating my opinions regarding this case, I reviewed INOVA Fairfax Hospital medical records for Baby Girl Savannah Boroday (Hill), the medical records for Janelle Boroday (Hill) and Baby Girl Boroday (Hill) from Loudoun Hospital Center, and the records from Columbia Reston Hospital Center.

Baby Girl Savannah Boroday (Hill) was a 40 week gestation female infant born to a 31 year old G4 Ab3 (induced) mother. Janelle Boroday (Hill) had appropriate prenatal and medical care. Her past medical history is notable for deep vein thromboses. She had a deep vein thrombosis diagnosed approximately three months before becoming pregnant and was treated with Coumadin. She then had another deep vein thrombosis diagnosed during the second trimester of this pregnancy and was placed on Lovenox. The Lovenox dose was reduced one month prior to delivery. She had a normal fetal ultrasound at 19 weeks gestation on 3-3-03, and another fetal ultrasound which was normal at 37 + 3 weeks gestation on 7-11-03. She subsequently developed uterine contractions three days before planned induction and the Lovenox was discontinued at that time. She was admitted to the Loudon Hospital one day before expected delivery through induction. She had late decelerations noted and delivered via spontaneous vertex vaginal route at 14:41 on 7-27-03. Thick meconium was noted at delivery (membranes ruptured at delivery) and Apgar scores were 2 at one minute and 9 at five minutes. Savannah was resuscitated with endotracheal suction, ambu mask ventilation, supplemental oxygen and Narcan. She was then admitted to the normal newborn nursery and postpartum unit. Seizures were noted at approximately 20 hours of age; she was admitted to the special care nursery and given Phenobarbital 20 mg/kg. She was also started on ampicillin and gentamicin after a blood culture was drawn; CBCs were normal, BC was ultimately negative and antibiotics were discontinued after 72 hours. A CT scan showed intraventricular, parenchymal, subdural and subarachnoid hemorrhages. With recurrence of seizures, Savannah was transferred to INOVA Fairfax Hospital. Savannah's first platelet count was 45,000 at Loudoun Hospital obtained after the first seizure. She was transfused with platelets prior to transfer. She continued to have thrombocytopenia at Fairfax Hospital and received two more platelet

transfusions and two doses of IVIG. Her platelet count subsequently normalized. The seizures were controlled with Phenobarbital and she was discharged on maintenance Phenobarbital. An EEG on 7-29-03 showed right hemispheric sharp waves which persisted and were seen bilaterally in a follow-up EEG on 8-6-03. A head ultrasound and MRI at Fairfax Hospital demonstrated intraventricular hemorrhage, multiple subcortical white matter infarcts of the frontal and parietal areas bilaterally, a clot of the anterior sagittal sinus, multiple lacunar infarcts of the frontal and parietal areas bilaterally. She also had retinal hemorrhages bilaterally as well as vitreous hemorrhages and partial retinal detachment. Her BAER demonstrated bilateral significant hearing loss. Savannah was discharged home in stable condition on 8-12-03. Extensive workup for inheritable thrombophilia in both mother and baby was negative.

Savannah experienced intraventricular hemorrhages along with parenchymal, subdural and subarachnoid hemorrhages. In addition she had multiple areas of cerebral infarction. This hemorrhaging most likely occurred very close to the time of birth. However there is no evidence of maternal trauma during pregnancy, labor or delivery; intrauterine infection; cerebral vascular malformation; or congenital coagulopathy. Therefore I believe with a reasonable degree of medical certainty that the intracranial hemorrhaging was most likely secondary to Lovenox. I believe that the thrombocytopenia most likely was secondary to the hemorrhaging and ongoing consumption of platelets.

Sincerely,

James A. Lemons, M.D.

JAL/ec